

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <b>09/672789</b>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* IND.	* IND.	* IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2		1					52			
3		2					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8	1						58			
9	1						59			
10	1						60			
11	1						61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
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25							75			
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28							78			
29							79			
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33							83			
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36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5						TOTAL IND.			
TOTAL DEP.	7	↓	↓	↓			TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	12						TOTAL CLAIMS			